



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
DATAMASTER MAINTENANCE REPORT

RECEIVED

REPORT #6

By Carol Day at 2:29 pm, May 19, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <u>204063</u>	INV. # <u>127190</u>	NAME OF AGENCY <u>MSHP-I</u>	DATE OF INSPECTION <u>5-5-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>HELPS COUNTY SHERIFF'S DEPT, 500 W. 2<sup>ND</sup> STREET, ROLLA</u>			TIME OF INSPECTION <u>10:02</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>05/05/14 10:02</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM ( <u>04-07-2009</u> )	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>GLUH LABORATORIES, INC.</u> LOT # <u>13290</u> EXP. DATE <u>10/29/15</u>
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34.2</u> °C SIMULATOR SN <u>611078</u> EXP. DATE <u>1-9-2015</u>

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>.103</u>	TEST 2 <u>.102</u>	TEST 3 <u>.102</u>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED) (PASSED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>3</u>	(.10-.14) <u>1</u>	(.15-.19) <u>0</u>	OVER .19 <u>1</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

THIS INSTRUMENT OPERATES WITHIN THE D.H.S.S. SPECS.

INSPECTING OFFICER	
SIGNATURE <u>Derek Blankenship</u>	PRINT FULL NAME <u>DEREK B. BLANKENSHIP</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240152 4-22-2016</u>	TELEPHONE NUMBER <u>(573) 368-2345</u>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT  
TYPE II**

**DEREK B BLANKENSHIP**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/22/2014

NUMBER 240152

EXPIRES 4/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator BLANKENSHIP, DEREK  
Permit No 240152  
Date Issued 4/22/2014 Date Expires 4/22/2016

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204063  
05/05/14

TESTING OFFICER:  
BLANKSHIP/D/B  
OFFICER I.D.# 1355  
PERMIT NUMBER: 240152  
EXPIRATION DATE: 04/22/16  
MISCELLANEOUS DATA:  
MAY MAINT. CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	10:10
INTERNAL STANDARD	VERIFIED	10:10
EXTERNAL STANDARD	.103	10:10
BLANK TEST	.000	10:19
EXTERNAL STANDARD	.102	10:20
BLANK TEST	.000	10:20
EXTERNAL STANDARD	.102	10:21
BLANK TEST	.000	10:21

N = 3  
SIM. = .1  
AVG. = .1023

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204063  
05/05/14  
10:02

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS:	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abdefghijklmnop  
qrstuvwxyz{|}~>"

Operator Signature Derek Blanks #1355

2208-02

Operator Signature Derek Blanks #1355

2208-02

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAU DATAMASTER SERIAL NUMBER 204063  
05/05/14

ARREST TIME: 09:30  
SUBJECT NAME:  
RFI/TEST  
DOB: 01/01/80 SEX: M  
STATE/D.L.: MO/0987654321  
ARRESTING OFFICER:  
BLANKENSHIP/D/B  
OFFICER I.D.: 1355  
TESTING OFFICER:  
SAME  
OFFICER I.D.: 1355  
PERMIT NUMBER: 240132  
EXPIRATION DATE: 04/22/16  
MISCELLANEOUS DATA:  
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	10:24
INTERNAL STANDARD	VERIFIED	10:24
RADIO INTERFERENCE		

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901